

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation mr. hill john andy	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 540 30th street Apt A	
(c) City, State and ZIP Code Oakland CA 94609	3. FEC Identification Number C C00000000
2. <b>Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b> Name of Employer GB	Occupation producer

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☐ 48-Hour Notice  
☐ July 15 Quarterly Report  
☐ October Quarterly Report  
☒ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM <sup>M</sup>0<sup>M</sup>3 / <sup>D</sup>2<sup>D</sup>1 / <sup>Y</sup>2<sup>Y</sup>0<sup>Y</sup>0<sup>Y</sup>8  
THROUGH  
<sup>M</sup>0<sup>M</sup>4 / <sup>D</sup>0<sup>D</sup>1 / <sup>Y</sup>2<sup>Y</sup>0<sup>Y</sup>0<sup>Y</sup>8

6. TOTAL CONTRIBUTIONS ..... .00

7. TOTAL INDEPENDENT EXPENDITURES..... 5081.82

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

mr. hill john andy

04/14/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

mr. hill john andy

Full Name (Last, First, Middle Initial) of Payee

mr. hill john andy

Date

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 8

Mailing Address

540 30th street Apt A

Amount

5081.82

City

Oakland

State

CA

Zip Code

94609

Purpose of Expenditure

Obama PSA 'Uplifting'/Obama PSA 'Eyes'

Category/  
Type

Office Sought:

☐ House

State: CA

Presidential

☐ Senate

☒ President

District: \_\_\_\_\_

Name of Federal Candidate Supported or Opposed by Expenditure:

Senator Barack Obama

Check One:

☒ Support

☐ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For:  
2008

☐ Primary

☒ General

☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

5081.82

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....


5081.82

(carry total from last page forward to Line 7)

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>Web form #195</i>	Date of Receipt or Postmarked <i>4/14/08</i>

 <b>PREPARER</b> (3/2005)	<i>4/15/08</i> <b>DATE PREPARED</b>
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